

HEALTH CARE SPENDING ALBERTA-BOUND?

In the article "Alberta's Friends of Medicare seek acceptance in a sceptical province" (*Can Med Assoc J* 1995; 153: 1498-1500), Charlotte Gray states that the proportion of the province's economic output spent on health care is 4.6%. However, that figure is for 1994-95. The expenditure this year is expected to be 4.1% of Gross Domestic Product (GDP) and, next year, to be 3.9% or lower, according to the Alberta government. This is the lowest proportion of GDP spent on health care in the developed world. It includes physicians' fees and costs of hospitals, all auxiliary and mental health facilities as well as capital expenditures!

Stimulated by two Canada-wide salary increases totalling 30% among health care workers during the 1970s and 1980s, the proportion of GDP spent on public and private health care in Alberta peaked at 8.1% in 1989.

The current 4-year plan to cut spending in all provincial government departments by 17%, and absorb 10% inflation during this pe-

riod, hastens the fastest decline in public health care expenditures ever witnessed in a developed country. At \$1200 per capita, this is now the lowest per-capita rate of health care spending in Canada.

The dollar value involved is enormous. If all the provinces spent at Alberta's rate, provincial and federal government deficits in Canada would be substantially reduced.

This fiscal opportunity can be expected to attract a great deal of national and international attention, particularly in light of the deficit-pressured treasuries of Canada and other countries.

At the same time, the private health care sector has faced no such restrictions. The costs of drugs and of the services provided by dentists, chiropractors and optometrists are not constrained.

One of Canada's international advantages is its universal and economical health care system. If spending on public and private health care in Alberta reached the estimated US rate of 11% of GDP, I estimate that Alberta's deficit would increase by \$5.5 billion per year.

Unfortunately, the future of medicare is clouded by a relationship

between the profession and politicians that is divisive and adversarial rather than cooperative and constructive.

Robert Lampard, MD
Director
Medical Health Services
Mitchener Centre
Red Deer, Alta.

TRUTH FIRST CASUALTY AT DIEPPE [CORRECTION]

In this letter to the editor by Donald E. Smith (*Can Med Assoc J* 1996; 154: 143), the date of D-Day should have been June 6, 1944. — Ed.

COSTS ASSOCIATED WITH GUNSHOT WOUNDS IN CANADA IN 1991 [CORRECTION]

The rates of gun-related incidents reported on pages 1265 and 1267 of this article (*Can Med Assoc J* 1995; 153: 1261-1268) should have been per 10 000 people, not per 100 000 people. — Ed.